

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-------------|--------------|----------------|
| FEE DETERMINATION | <i>m.c.</i> | <i>6738</i> | <i>5-17-99</i> |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | <i>65455</i> | <i>5/26/99</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | ✓ |
| 2 | ✓ | ✓ | ✓ |
| 3 | ✓ | ✓ | ✓ |
| 4 | ✓ | ✓ | ✓ |
| 5 | ✓ | ✓ | ✓ |
| 6 | ✓ | ✓ | ✓ |
| 7 | ✓ | ✓ | ✓ |
| 8 | N | | |
| 9 | N | | |
| 10 | N | | |
| 11 | N | | |
| 12 | N | | |
| 13 | ✓ | ✓ | ✓ |
| 14 | ✓ | ✓ | ✓ |
| 15 | ✓ | ✓ | ✓ |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here